

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

5 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR
10 RECONSTRUCTING A LIGAMENT, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified
15 specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

20 I hereby claim priority benefits under Title 35, United States Code, Section 119(e), of United States

Provisional Patent Application Serial No. 60/237,817,
filed October 3, 2000 for METHOD AND APPARATUS FOR
RECONSTRUCTING A LIGAMENT by E. Marlowe Goble.

5 I hereby appoint Pandiscio & Pandiscio, a firm
composed of Nicholas A. Pandiscio, Registration No.
17293, Mark J. Pandiscio, Registration No. 30883,
Scott R. Foster, Registration No. 20570, and James A.
Sheridan, Registration No. 43114, or any of them, of
470 Totten Pond Road, Waltham, Massachusetts 02451-
10 1914, (Telephone No. 781-290-0060), my attorneys with
full power of substitution and revocation, to
prosecute this application and to transact all
business in the U. S. Patent and Trademark Office
connected therewith.

15 I hereby declare that all statements made herein
of my own knowledge are true and that all statements
made on information and belief are believed to be
true; and further that these statements were made with
the knowledge that willful false statements and the
20 like so made are punishable by fine or imprisonment,
or both, under Section 1001 of Title 18 of the United

States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

5 Inventor's signature: _____
Inventor's full name: E. Marlowe Goble
Date: _____
Residence: 5 West Blair Road
Alta, Wyoming 83452
10 Post Office Address: Same
Citizenship: USA

ALS\GOBLE1.APP